

Survey Plan Submittal Forms

Appendix E

Revision 02, March 2003

Survey Plan Submittal Forms

Approvals

George Ison
Ship Operations Contract Project Officer, Ship
Safety Officer

Date

Glenn Warren
Environmental Monitoring and Indicators Team Lead

Date

Paul Horvatin
Monitoring Indicators and Reporting Branch Chief

Date

SURVEY PLAN

Date: _____

This form is provided to the user/sponsor for assistance in determining the vessel requirements for the project. Close attention to detail is essential to the success of the project. So please, please complete the form as accurately as possible. Draw a single line through any item that does not apply. Do not include any information which is or may be deemed classified. Additional information may be provided on the last page.

1.0 GENERAL

Project Title: _____ Survey Title: _____ GUARDIAN
Requested by: _____ Organization: _____
Project/Work Assignment Manager: _____ Organization: _____
Survey Chief Scientist: _____ Organization: _____
Organization Address: _____

Phone No.: _____ Fax No.: _____
EPA Grant/Contact: _____ Work Assignment No.: _____
Principal Investigator: _____ Organization: _____
P.I. Telephone No.: _____ Fax No.: _____
Comments: _____

2.0 SCHEDULE OF OPERATIONS

The ship will depart as scheduled. If a cooperator(s) does not arrive to the ship on-time, the ship will depart without that cooperator, unless special considerations were established with the Chief Scientist beforehand. If the cooperator(s) needs to set-up equipment, the cooperator should arrive in a timely manner so as not to affect the ship's departure time.

FUNCTION	DATE	TIME	LOCATION	FUNCTION	DATE	TIME	LOCATION
Commence Mobilization	_____	_____	_____	Complete Mobilization	_____	_____	_____
Pre-sail Conference	_____	_____	_____	Dock Trials	_____	_____	_____
Depart Home Base	_____	_____	_____	Arrive on Station	_____	_____	_____
Depart Station	_____	_____	_____	Arrive Home Base	_____	_____	_____
Start Demobilization	_____	_____	_____	Finish Demobilization	_____	_____	_____
Post-sail Conference	_____	_____	_____				

Allowable Weather/Breakdown Days _____ Maximum Duration (Days) _____

Comments: _____

SURVEY PLAN

Date: _____

3.0 CHEMICAL BACKGROUND INFORMATION (Including standards, spikes, and instrument calibration chemicals). **NOTICE:** *A MATERIAL SAFETY DATA SHEET (MSDS) MUST ACCOMPANY EVERY CHEMICAL OR REAGENT THAT IS BROUGHT ABOARD THE LAKE GUARDIAN. COMPLIANCE WITH THIS REQUEST IS ABSOLUTELY NECESSARY PRIOR TO THE SHIP'S DEPARTURE. THE USER IS RESPONSIBLE FOR PROVIDING PROVISIONS FOR PROPER WASTE STORAGE METHODS/CONTAINERS*

CHEMICAL NAME	QUANTITY	CONCENTRATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.1 HANDLING OF RADIOISOTOPES

Radioisotopes are to be shipped in accordance with standard Nuclear Regulatory Commission requirements to the Lake Guardian. They are then stored in the Primary Productivity portable laboratory where they are utilized. The radioisotopes and other waste products associated with them are to be removed by the NRC licensed researcher upon debarkation from the ship. The following must be provided for the associated research at least 60 days prior to arrival on the ship.

- 1) Copy of the proposal and/or survey plan with all protocols using radioisotopes
- 2) Copy of NRC or Agreement State License
- 3) Copy of Training for Validation of radiation training for all users of radioisotopes

4.0 SURVEY JUSTIFICATION AND RATIONALE

5.0 OBJECTIVES

Project:

Survey:

SURVEY PLAN

Date: _____

6.0 ENVIRONMENTAL MANAGEMENT QUESTIONS ASKED BY PROJECT/SURVEY

7.0 SURVEY LOCATION AND DESCRIPTION (Attach Detail/Figures If Needed)

Survey Area(s) Name(s) or Geographic

Name: _____

Survey Area Locations (Provide Map): _____

Survey Area Boundary Coordinates (Lat/Long): _____

Survey Station Types (Water/Sediment): _____

Number of Stations By Type: _____

Water Depth Required: _____

Sediment Zone Required: _____

Survey Transect Lengths: _____

Transect Line Spacings: _____

Other: _____

8.0 SURVEY/SAMPLING METHODOLOGIES (Attach Detail/Tables/Figures If Needed)

Method Descriptions:

Method Rationale:

Diving On Survey: YES: ___ NO: ___ (If yes, see Section 15 and 16)

9.0 SEQUENCE OF SURVEY TASKS/EVENTS

SURVEY PLAN

Date: _____

10.0 SURVEY COMMUNICATIONS REQUIREMENTS

- | | | | |
|-------------------------|-------|----------------------|-------|
| 1. HF | _____ | FREQ | _____ |
| 2. VHF | _____ | FREQ | _____ |
| 3. UHF | _____ | FREQ | _____ |
| 4. LORAN-C | _____ | 5. RADAR | _____ |
| 6. GYROCOMPASS | _____ | 7. SATNAV | _____ |
| 8. OMEGA | _____ | 9. DECCA | _____ |
| 10. OTHER COMMUNICATION | _____ | 11. OTHER NAVIGATION | _____ |

11.0 SHIPBOARD SERVICES EQUIPMENT SUPPLIES

1. HANDLING EQUIPMENT
PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate): _____
2. LABORATORIES REQUIRED
PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate): _____
3. DIRECT DECK ACCESS _____
4. WINCH REQUIREMENTS _____
PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate): _____
5. LIFTING GEAR
PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate): _____
6. OTHER DECK EQUIPMENT: _____
7. ELECTRICAL POWER REQUIREMENTS
Description and Location: _____

8. WATER REQUIREMENTS
9. HYDRAULICS

	Fresh	Quality	Distilled	Quantity
10. AIR

	Pressure	Volume

SURVEY PLAN

Date: _____

11. SMALL CRAFT

PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate): _____

IF PROJECT SUPPLIED, PROVIDE

Size _____ Weight _____ O.B. Motor _____

Purpose _____

Will the Guardian need to carry the small craft? YES _____ NO _____

12. CREW ASSISTANCE - The crew of the *R/V Lake Guardian* includes a Science Officer and Marine Technician who are responsible for operating the ship's science, sampling and laboratory equipment to facilitate your survey goals. There are also several professional seamen on board to handle the deck gear (cranes, winches, A-frames, davits, etc...) for your use. Beyond this scope however, it is requested that your scientific party include the appropriate number of personnel to complete the remainder of your project requirements.

Rating (Type) _____ Number of Personnel _____

Rating (Type) _____ Number of Personnel _____

Rating (Type) _____ Number of Personnel _____

13. OTHER SHIP REQUIREMENTS:

1. _____

2. _____

14. SHORE SUPPORT MOBILIZATION FORCE:

Welders _____ Riggers _____

Mechanics _____ Machinists _____

Laborers _____

12.0 OPERATING

Sea State: Wave Height MAX _____ MIN _____

Atmospheric Conditions:

Wind Speed MAX _____ MIN _____ Direction _____

Temperature MAX _____ MIN _____

Cloud Cover ANY _____ O'CAST _____ SUN _____

Precipitation Permitted _____ Not Permitted _____

Visibility MAX _____ MIN _____

Time of Day ANY _____ DAYLIGHT _____ NIGHT _____

SURVEY PLAN

Date: _____

13.0 SCIENTIFIC PARTY

1. Point of Contact _____

2. Number of Personnel _____ Maximum Number of Persons to a Cabin _____

NAME	SURVEY RESPONSIBILITY	ORGANIZATION	TIME/PLACE OF ARRIVAL AND DEPARTURE
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____

Please indicate below if any persons in your science party have taken any courses or obtained training and/or certification in:

- | | |
|---------------------------------|-----------------------------|
| A. Laboratory Health & Safety | B. Field Health & Safety |
| C. Hazardous Materials Handling | D. Emergency Spill Response |
| E. Respiratory Protection | F. Radiation Safety |
| G. First Aid and/or CPR | H. Fire Fighting |
| I. Small Boat Handling | J. Lockout/Tagout |
| K. Crane/Derrick Operation | L. Bloodborne Pathogens |

NAME	TRAINING, COURSE OR CERTIFICATION OBTAINED	OBTAINED WHEN
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____

SURVEY PLAN

Date: _____

COMMENTS:

14.0 PROPOSED REPORTING REQUIREMENTS

12. CREW ASSISTANCE

Debriefing Telephone Call: **YES** ____ **NO** ____ **No. Of Days After Demob.:** _____

Survey Report Due Date (20 Days After Demob.): _____

Final Report/Other Document Description: _____

Other Comments: _____

15.0 DIVING OPERATIONS

Locations: _____

Potential Hazards: _____

Depth Range: _____ Maximum Depth: _____

Dive Master: _____ Organization: _____

Dive #2: _____ Organization: _____

Dive #3: _____ Organization: _____

Dive #4: _____ Organization: _____

Dive #5: _____ Organization: _____

Dive #6: _____ Organization: _____

Dive #7: _____ Organization: _____

Dive #8: _____ Organization: _____

Dives' Tasks:

SURVEY PLAN

Date: _____

REQUIREMENTS REMINDER:

OXYGEN WILL BE ON SITE ON BOTH THE GUARDIAN AND TENDER BOAT.

(Oxygen Will Be Provided By The GUARDIAN.)

STANDBY DIVER WILL BE SUITED UP IN THE TENDER BOAT READY TO DIVE.

(Dive Team Scheduling And Bottom Time Planning Must Allow For This.)

GUARDIAN Anchored: **YES:** ____ **NO:** ____ Tender Boat Anchored: **YES:** ____ **NO:** ____

Communications: _____

Tender Boat: _____

Special Equipment Needed:

Other:

16.0 DIVER EMERGENCY AID LIST

DIVERS ALERT NETWORK (DAN)

24-Hour Telephone No.:

(919) 684-8111

NEAREST DECOMPRESSION CHAMBER (Facility Name And Address): _____

Telephone No.: _____

24-Hour Telephone No.: _____

Telephone Call On Day Of Initial Diving Operations To Be Made By: _____

Hyperbaric Physician(s): _____

Telephone No.: _____

NEAREST HOSPITAL (Facility Name And Address): _____

Telephone No.: _____

24-Hour Telephone No.: _____

Hyperbaric Physician(s): _____

Telephone No.: _____

NEAREST COAST GUARD STATION (Facility Name And Address): _____

VHF Channel: _____

Telephone No.: _____

FIRST AID EQUIPMENT: _____

Location: _____

Oxygen Location: _____

DIVER MEDIC (Name If Planned): _____

SURVEY PLAN

Date: _____

SPECIAL CONSIDERATIONS:
